

## Family Service Plan (FSP) Development

**Please Note:** For information regarding the completion of the IFSP document, please refer to the BabyNet Policy and Procedure Manual.

### Roles and Responsibilities related to Plan Development:

Planning by the Early Interventionist is an ongoing process that begins with the initial referral through transition or closure. For this reason, planning will overlap with all other early intervention activities. Planning includes activities leading to a comprehensive FSP that identifies and documents the needs and goals and how these needs and goals will be addressed (See Attachment #1). It also captures the desires and wishes of the parent/legal guardian and identifies and documents the services and supports to address them. If the parent/legal guardian requests the assistance of an independent facilitator, an important role of the Early Interventionist as the plan manager, is the coordination and communication of information between the parent/legal guardian, the independent facilitator, and persons who have a meaningful role in the life of the child. The FSP must be developed by a team composed of the family/caregiver, the Early Interventionist, interested friends and professionals who know the child and family. The team meets at locations and times convenient for the family. The family has the right to approve/disapprove the composition of the team.

### Specific Roles and Responsibilities of Early Interventionists related to the Initial FSP:

#### Initial FSP:

1. If a referral is received for a child over the age of three, an FSP must be completed by the Early Interventionist and parent/legal guardian within 30 calendar days of the date of provider choice being offered to the family during the screening process.
2. For a child who is transitioning out of BabyNet services and continuing to receive services from DDSN, an FSP must be completed prior to the child's third birthday. The FSP must not be completed more than two weeks prior to the child's third birthday and the effective date of the FSP will be the date of their third birthday. If the FSP must be completed more than two weeks prior to the child's 3<sup>rd</sup> birthday the Early Interventionist must consult with their supervisor and document the circumstances in their service notes.

## **Choice of Early Intervention Provider:**

The parent must be given a choice of provider of services and supports. This choice must be inclusive of all potential Early Intervention providers. This is important, particularly when the child resides temporarily in a county that is not his/her home county such as an out-of-home placement. If there is only one provider, the parent must be informed that there are no other providers in the area. The choice of provider must be offered and documented at time of intake and at least annually thereafter. Annually, this offer of choice must be documented on the Acknowledgement of SC/EI Provider Choice. See Policy Bulletin 7, Attachment 1.

## **Facilitation of the FSP:**

Children 3-6 years of age who are eligible for DDSN services may choose to utilize an independent facilitator to plan for their future. If the child's eligibility is established after the initial FSP has been completed the family will be given information about facilitation and offered a choice of a facilitated plan prior to the next plan date.

- a. The parent must be offered facilitation, a choice of facilitators, and a choice of date, time, and location of the FSP meeting.
- b. The Early Interventionist must assist the parent/legal guardian with identification of a circle of support consistent with the child's/families needs and desires.

## **The Early Interventionist is responsible for:**

1. Working with the parent and other FSP team members to identify specific functional goals for the child and family and how to incorporate these goals into daily routines, activities and places;
2. Identifying with the parent natural environments and supports existing in the community that are appropriate for the child and family;
3. Working with the parent and other FSP team members to determine the level of assistance needed for the child to function successfully and achieve identified goals in such environments;
4. Working with the parent to select service providers once goals are identified;
5. Annual verification of Medicaid benefits

6. Explaining the content of the FSP so that the parent fully understands the content and implications;

7. Determining with the parent the specific nature of assistance that is needed to implement and monitor the FSP;
8. Obtaining required signatures and assuring that the parent and other team members have a copy of the FSP within 10 days of completion;
9. Completing reviews of the Plan with the parent and other FSP team members and modifying the FSP as appropriate;
10. Actively monitoring services for quality and recommended practices, including being present for some services, talking with the parent as well as service providers regarding the provision of services, discussing progress made toward goals, identifying any new concerns, reviewing service delivery documentation, etc.;
11. Arranging new evaluations by other providers, as appropriate;
12. Gathering the parent's input on system issues and goals, service provision and parent's satisfaction with the supports and services they are receiving;
13. Identifying with the parent appropriate FSP team members based on child and family information.

**Transfers:**

If a child's case is transferred to another Early Intervention provider then either a new plan must be completed or the current plan must be updated within 14 days of the transfer.

**Family Service Plan Reviews:**

1. **Six Month Review-** Within six-months of the annual or the initial FSP date the Early Interventionist must convene the team to review the FSP (e.g., If the FSP was completed on 7/1/06 the six-month review is due no later than 1/1/07. If the six-month review was

completed on 1/2/07 it was late). All developmental Goals will be assessed at the six-month review of the FSP. The appropriate goal attainment score should be documented on each outcome page of the FSP during the review.

2. **Annual Review of FSP-** A new FSP must be completed with the family and other team members who play a significant role in the child's life. The annual FSP is due no more than six months from the six-month review date of the FSP. For example, if a child's annual plan date is December 20, 2005, their six-month review is due on June 20, 2006, if the next six-month review is completed on June 1, 2006, the next annual plan is due before December 1, 2006.

A copy must be provided to the parent within 10 days and the original placed in file.

**The Family Service Plan must contain:**

1. Identifying information;
2. Current health and developmental status;
3. Child assessment and evaluation results;
4. Family and child strengths, including family preferences and choices;
5. Recommendations for services to be provided to meet the identified needs of the child and family;
6. Outline for implementation of services recommended, including the frequency/duration of those services/activities (with indicator of source of payment or method of funding);
7. Child interventions as determined by the family and team;
8. Strategies which promote family/caregiver as the primary teacher for the child;

9. Goals as identified by the team;
10. Plans for follow-up;
11. Parent, Early Interventionists and other team member's signatures;
12. Support for Home and Community Based Waiver services where applicable; and

13. Documentation of the frequency and duration of family training visits.

More detailed information regarding FSP instructions can be found in FSP Completion Guidance-Attachment #2.

**Please Note:** The attached DDSN FSP form must be used for children 3 to 5 years old receiving Early Intervention services. This form should also be used for children 0-3 whose families have refused BabyNet (Part C) services. It cannot be modified or changed at any time by any provider.



\_\_\_\_\_'s  
**Family Service Plan**  
Date of FSP: \_\_\_\_

### SECTION 1: CHILD INFORMATION

Child's Name:	first/middle/last	Date of Birth:	
Home Address:			
City:		State:	SC Zip Code:
Gender: (check one)	<input type="checkbox"/> M <input type="checkbox"/> F	Name of School District of Head Start:	
Social Security #		Medicaid #	
Private Insurance Company Name and Policy #			

### SECTION 2: GENERAL CONTACT INFORMATION

Parent/Guardian:	first/last	Relationship to Child:	
Home Address:			
Directions to the home:			
Phone:	Home:	Work:	Other:
Email:			
Primary Language/Mode of Communication		Interpreter Needed: (check one)	<input type="checkbox"/> Y <input type="checkbox"/> N

#### Other Contact Information

Name:	Relationship to Child:
Phone:	Other Phone:

### SECTION 3: SERVICE COORDINATION PROVIDER

Service Coordinator Name:			
Service Coordination Provider Agency		Phone	
Other phone		Email Address	

**SECTION 4: FSP TRACKING**

FSP Meeting Date:		Projected FSP Team Meeting Dates:	
6-month Review:		Annual Evaluation:	
Date FSP mailed to:			
Family		Other FSP Team Members	
Primary Health Care Provider			

**SECTION 5A: FAMILY'S VIEW OF CHILD'S CURRENT HEALTH****Primary Healthcare Provider:**

Does your child have a primary health care provider? ☐ No ☐ Yes

If not, there should be a linkage to a provider (reflected as a service coordination goal).

Primary Health Care Provider:	Phone:
Address:	Fax:

**General Health:**

Is there anything about your child's current mental or physical health, including diagnosis(s) that the team should know about to better plan and provide services to you and your family?

Medications Routinely Taken	Reason for Medication
Does your child have any allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please list:	

Does your child use any specialized medical equipment, i.e., oxygen, pulse ox, g-tube, vent dependent		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please list:			
<b>Vision:</b>	Has your child's vision been tested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, Date:		Physician's Name:	
Results of vision evaluation if applicable:			
<b>Other comments by family or FSP Team:</b>			
<b>Hearing:</b>	Has your child's hearing been tested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, Date:		Physician's Name:	
Results of vision evaluation if applicable:			
<b>Other comments by family or FSP Team:</b>			
<b>Nutrition:</b>	Are there any concerns about your child's eating, general nutrition, or growth?		<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Special Formula (specify )	<input type="checkbox"/> avoids certain textures	<input type="checkbox"/> food allergies	
<input type="checkbox"/> G-tube feedings (bolus and/or continuous pump)	<input type="checkbox"/> will only eat certain foods	<input type="checkbox"/> special diet	
<input type="checkbox"/> Other, please list (ex., transitioning from G-tube to oral feeding):			
<b>If yes to any conditions listed above, please describe:</b>			
<b>Other comments by family or FSP Team:</b>			
<b>Oral Health:</b>	Has your child's mouth and/or teeth been checked?		<input type="checkbox"/> No <input type="checkbox"/> Yes
How long did you child use the following:		<input type="checkbox"/> Bottle	mos/ysr <input type="checkbox"/> Pacifier mos/ysr
Has your child been on any of the following medication for extended periods of time (3 months or more)?			
<input type="checkbox"/> Seizure Medications		<input type="checkbox"/> Prescription Antibiotics	
If yes to any conditions listed above, please describe:			
<b>Other comments by family or FSP Team:</b>			



## SECTION 5B: HEALTH CARE PROVIDERS

[illegible]

**SECTION 6A: FAMILY VIEW OF CHILD'S PRESENT LEVEL OF FUNCTION****Social Emotional:** Are your child's **social skills** or **emotional development** of concern to you? ☐ No ☐ Yes

Check all the activities below the child has mastered

- |   |  |
|---|--|
| <input type="checkbox"/> Show interest in peers                                 | <input type="checkbox"/> Imitate adults or playmates   |
| <input type="checkbox"/> Is able to be separated from caregiver without anxiety | <input type="checkbox"/> Tolerates major changes in routine without major change in behavior |

**Other comments (if needed):****Communication:** Are your child's **communication skills** of concern to you? ☐ No ☐ Yes

Check all the activities below the child has mastered

- |   |  |
|---|--|
| <input type="checkbox"/> Points to objects        | <input type="checkbox"/> Indicates wants/needs                                   |
| <input type="checkbox"/> Babbles, no words        | <input type="checkbox"/> Understands physical relationships ("on", "in")         |
| <input type="checkbox"/> Uses single word/phrases | <input type="checkbox"/> Can recognize/identify most common objects and pictures |
| <input type="checkbox"/> Speak in sentences       |  |

**Other comments (if needed):****Cognitive:** Are your child's **thinking** or **problem-solving skills** of concern to you? ☐ No ☐ Yes

Check all the activities below the child has mastered

- |   |   |
|---|---|
| <input type="checkbox"/> Plays make-believe with dolls, animals, and people | <input type="checkbox"/> Follows one or two step commands       |
| <input type="checkbox"/> Can complete 3-4 piece puzzle                      | <input type="checkbox"/> Will sort objects by size and/or shape |

**Other comments (if needed):****Self-help skills:** Are your child's **self-help skills** of concern to you? ☐ No ☐ Yes

Check all the activities below the child has mastered

- |   |   |
|---|---|
| <input type="checkbox"/> Will attempt to remove clothing  | <input type="checkbox"/> Attempts to feed him or her self |
| <input type="checkbox"/> Attempts to put clothes on       | <input type="checkbox"/> Finger feeds                     |
| <input type="checkbox"/> Shows interest in potty training | <input type="checkbox"/> Attempts to use a spoon or fork  |

**Other comments (if needed):****Motor Skills:** Is there anything about how your child **moves** that is a concern to you? ☐ No ☐ Yes

Check all the activities below the child has mastered

- |  |  |
|--|--|
| <input type="checkbox"/> Sits independently  | <input type="checkbox"/> Will imitate vertical, horizontal, circular strokes with a pencil or crayon |
| <input type="checkbox"/> Pulls to stand      | <input type="checkbox"/> Can screw and/or unscrew lids, nuts and bolts                               |
| <input type="checkbox"/> Cruises furniture   | <input type="checkbox"/> Will turn the pages of a book   |
| <input type="checkbox"/> Walks independently |  |

**Other comments (if needed):**

**SECTION 6B: ASSESSMENT OF CHILD'S PRESENT LEVEL OF FUNCTION**

Date of FSP:

Child's Name:

Date of CBA completion:

CBA Tool:

☐ AEPS☐ HELP☐ Carolina CurriculumName of CBA Provider *please print*:**Overall strengths of child, successful strategies used in the assessment, and factors that may have affected assessment process****CBA Results for Social –Emotional Domain**

Social-emotional skills child currently demonstrates:

Skills newly learned/emerging:

Skills not yet learned:

Percentage of Delay in this domain:

**CBA Results for Cognitive Domain**

Cognitive skills child currently demonstrates:

Skills newly learned/emerging:

Skills not yet learned:

Percentage of Delay in this domain:

**CBA Results for Communication Domain**

Communication skills child currently demonstrates:

Skills newly learned/emerging:

Skills not yet learned:

Percentage of Delay in this domain:

**CBA Results for Self-Help/Adaptive Domain**

Self-help/adaptive skills child currently demonstrates:

Skills newly learned/emerging:

Skills not yet learned:

Percentage of Delay in this domain:

**CBA Results for Motor Domain**

Gross motor skills child currently demonstrates:

Fine motor skills child currently demonstrates:

Gross motor skills newly learned/emerging:

Fine motor skills newly learned/emerging:

Gross motor skills not yet learned:

Fine motor skills not yet learned:

Percentage of Delay in this domain:

Percentage of Delay in this domain:

**SECTION 6C: OTHER TEAM MEMBERS' VIEW OF CHILD'S PRESENT LEVEL OF FUNCTION**  
IF THERE ARE NO OTHER TEAM MEMBERS THIS SECTION MAY BE LEFT BLANK

**Social-emotional skills:**

**Cognitive skills:**

**Communication skills:**

**Self-help skills:**

**Motor skills:**

**SECTION 7: FAMILY'S RESOURCES, PRIORITIES, AND CONCERNS (VOLUNTARY BY FAMILY)**☐ Family declined family assessment of resources, priorities, and concerns

Parent's initials: \_\_\_\_\_

☐ Date Family Assessment completed: \_\_\_\_\_

I have questions about or want help for my child in the following areas (check all that apply):

Family's remarks regarding concerns identified about their child (including any not listed):

1. ☐ Moving around (crawling, scooting, rolling, walking)2. ☐ Ability to maintain positions for play3. ☐ Talking and listening4. ☐ Thinking, learning, playing with toys5. ☐ Feeding, eating, nutrition6. ☐ Having fun with other children; getting along7. ☐ Behaviors/appropriate interactions8. ☐ Expresses feelings9. ☐ Toileting; getting dressed; bedtime; other daily routines10. ☐ Helping my child calm down, quiet down11. ☐ Pain or discomfort12. ☐ Special health care needs

Other: \_\_\_\_\_

I would like to share the following concerns and priorities for myself, other family members, or my child (check all that apply):

Family's remarks regarding identified priorities of the family (including any not listed):

1. ☐ Learning more about how to help my child grow and develop2. ☐ Finding or working with doctors or other specialists3. ☐ Learning how different services work or how they could work better for my family4. ☐ Planning for the future; what to expect5. ☐ Parenting skills6. ☐ People who can help me at home or care for my child so I/we can have a break; respite7. ☐ Child care8. ☐ Housing, clothing, jobs, food, or telephone9. ☐ Information on my child's special needs, and what it means10. ☐ Ideas for brothers, sisters, friends, extended family11. ☐ Money for extra costs of my child's special needs12. ☐ Linking with a parent network to meet other families or share information (☐P2P☐PTIC ☐ CRS)

Other: \_\_\_\_\_

Strengths, resources that our family has to meet our child's needs (**must** include statement of family's home and community routines and activities):

## SECTION 8: ELIGIBILITY

DDSN Eligibility Category
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<input type="checkbox"/> Mental Retardation/Related Disability	<input type="checkbox"/> High-Risk	<input type="checkbox"/> Autism
<input type="checkbox"/> HASCI	<input type="checkbox"/> At-Risk	Expiration date:
<input type="checkbox"/> DDSN Eligibility pending	<input type="checkbox"/> MR- Time Limited	Expiration date:

## SECTION 9: OTHER SERVICES

Other Services include, but are not limited to, respite, PCA, MR/RD Waiver service, etc...

[illegible]



**SECTION 10: CHILD/FAMILY CENTERED GOAL**

A goal is a statement of change the family would like to see happen for themselves and/or their child.

**Goal #:****Date of Goal:****Target Date:****GOAL:** What knowledge, skill, behavior or would we like to learn or see learned by our child?**MEASURING PROGRESS:** What difference will this make for our child and/or family? How will we know when the goal has been met? List specific skills from the CBA that are components of this goal**NATURAL SUPPORTS:** Ideas, strategies, and people needed to achieve this goal within the child's everyday routines, activities, and places**ADAPTATIONS AND/OR MODIFICATIONS:** Special accommodations/adaptations/equipment that can help make this happen (Assistive Technology).**SERVICES TO CONSIDER:** What services are needed in order to achieve this goal in everyday routines, activities, and places?**Date Reviewed**☐ **Change Review**☐ **6-month Review**☐ **Annual Evaluation**☐ 1-Situation changed, no longer a need☐ 2-Situation changed, still a need☐ 3-Intervention started, still a need☐ 4-Goal partially attained or accomplished but not to team's satisfaction☐ 5-Goal attained or accomplished but not to team's satisfaction☐ 6- Goal mostly attained or accomplished to team's satisfaction☐ 7- Goal attained or accomplished to the team's satisfaction**Comments:****Date Reviewed**☐ **Change Review**☐ **6-month Review**☐ **Annual Evaluation**☐ 1-Situation changed, no longer a need☐ 2-Situation changed, still a need☐ 3-Intervention started, still a need☐ 4-Goal partially attained or accomplished but not to team's satisfaction☐ 5-Goal attained or accomplished but not to team's satisfaction☐ 6- Goal mostly attained or accomplished to team's satisfaction☐ 7- Goal attained or accomplished to the team's satisfaction**Comments:**

[illegible]

**Family-Identified Need**  
(Family Assessment or as needs arise)

[illegible]

Date Completed	
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**SECTION 12: SIGNATURE SECTION FOR FSP**

Type of FSP	Number of FSPs	Number of FSPs with a contract	Number of FSPs with a contract and a contract value	Number of FSPs with a contract and a contract value and a contract value
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
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86	86	86	86	86

☐ Initial FSP☐ Change Review☐ Six-Month Review☐ Annual Review

Signature of Parent(s): \_\_\_\_\_

Date: \_\_\_\_\_

**For a child aging out of BabyNet the Initial FSP effective date will be the child's third birthday.**

FSP Effective Date:

FSP meeting Notes:

FSP Team Members	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
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81	82
83	84
85	86
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93	94
95	96
97	98
99	100

**Method Codes:** A = Attended, S = Speakerphone, E = Written Evaluation Only

Signature/Name
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Role
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Agency (if applicable)
------------------------

## Method

<b>Date</b>
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	Service Coordinator

[illegible]

## SECTION 13: MEDICAL AND THERAPY UPDATES

Date

**Brief summary of appointment, including date and provider**

[illegible]

## **SC Department of Disabilities & Special Needs Family Service Plan (FSP)**

### **Instructions for Completion**

The Family Service Plan (FSP) describes how the Early Intervention System will assist each family in helping their young child with a disability or developmental delay to grow and develop.

The information that follows is intended to assist Service Coordinators, Service Providers, families, and all others involved in the consideration of the content and completion of the FSP form to ensure that all agreed upon Goals and services are documented for each eligible child and family.

The FSP form is divided into several sections. Each section has specific instructions for its completion.

### **Section 1: Child Information**

**Child's name:** Record the child's given or legal name.

**Date Of Birth:** Record the month, day and year of the child's birth.

**Home Address:** Record the street address, city a zip code where the child is residing. Note that the street address for the child may be different from the address of the parent.

**Gender:** Identify the child as male or female

**Name of School District:** This will be the school district the child resides in at the time of the FSP meeting.

**Social Security #:** Record the Social Security number of the child. If the child does not have Social Security # at the time of the plan leave blank and complete once the number has been given.

**Medicaid #:** Record the child's South Carolina State Medicaid number, if applicable.

**Private Insurance Company Name and Policy:** Record the child's primary insurance's name and policy number, if applicable.

### **Section 2: General Contact Information**

**Parent:** List the name of the individual who will be the primary contact for this child. The parent should be the individual who has physical custody of the child.

**Relationship to Child:** Indicate the relationship of the parent to the child. Use one of the following choices.

Father	Grandmother	Legal Guardian
Mother	Grandfather	Step Father
Aunt	DSS Caseworker	Step Mother
Uncle	Foster Father	Foster Mother

In the case where parents live separately, even though both parents may share legal custody, the name of the parent who has physical custody of the child is recorded first and in the other contact information, list the other parent. If both parents have legal custody, they both must receive written prior notice/meeting notification and both are decision- makers in the FSP process.

**Home Address:** Complete this only if different from that of the child.

**Directions to the Home:** Record the directions to the child's home or place of residence.

**Phone:** Record the Parents' home phone number, work phone number (if applicable), and other could be used for cell phone or any other number the Parent would like to be included. A section for email was given in the event that the family has email and wishes to communicate via email.

**Primary Language/Mode of Communication:** Ask the family what their primary language/mode of communication is and record in this section. If an Interpreter is needed in order to communicate with the family, indicate this by circling Y (yes) or N (no).

**Other Contact Information:** Use this section to list any key contact individuals for the child.

**Relationship to Child:** Indicate the relationship to the child.

**Phone:** Record the other contact's phone number.

### **Section 3: Service Coordination Provider**

**Service Coordinator/Family Training provider:** Record the name and contact information of the individual who has been assigned as the family's ongoing Service Coordinator/Family Training Provider.

**Service Coordination Provider Agency/Phone/E-mail:** Record the primary Service Coordinator's Agency name, phone number, and email if applicable.

### **Section 4: FSP Tracking**

**FSP Date:** Record the date (m/d/y) that the FSP team met and the FSP document was completed. If it takes more than one meeting to complete the FSP, record the date of the meeting at which the FSP was signed by the family.

**Projected Dates:**

**6-month review:** Must take place no more than 6-months after the FSP meeting. The date will be projected and recorded. For example, if the FSP date is 6/5/05 the six-month review must be completed no later than 12/5/05.

**Annual FSP:** Must be completed within 365 days of the previous initial or annual FSP. The date will be projected 364 days from the date of the current FSP meeting. For example, if the FSP meeting is taking place on 6/5/05 the annual FSP must be completed by 6/4/06. The annual FSP must occur in a timely manner in order for new payment authorizations to be completed for service providers, if applicable.

If the 6-month review is held two weeks early this will change the annual FSP review date. For example, the FSP date is 6/15/05 and the 6-month is completed on 6/1/05 the annual FSP is due on 5/31/06.

**Date mailed to the:** Parent, FSP Team Members, and Medical Home (with consent). Record the date the FSP was mailed or delivered to these individuals.

## **Section 5A: Family's View of Child's Current Health Status**

This section is intended to gather information regarding the current health status of the child. The health status of a child can be important information for the FSP team to have in preparation for the delivery of services. This section should be used to justify any MR/RD or HASCI Waiver services when applicable. For example, if the child is in need of Nursing section 5A should clearly document any conditions that would justify the needed service.

**Primary Healthcare Provider:** Does the child have a primary health care provider? Indicate Yes or No by checking the appropriate box. If the child does not have a primary health care provider, the service coordinator should assist the family in locating a primary health care provider and indicate this as a Service Coordination Goal on the FSP.

If the child has a Primary Healthcare Provider, indicate the name, phone number, address, and fax number.

**General Health:** Ask the parent if there is anything about their child's current health that the TEAM should know about to better plan and provide services to their family.

**Current Medications:** Record any medications the child is currently receiving and the reason the child is taking them.

**Allergies:** Inquire if the child has any allergies that the parent knows of. If so, list the reaction the child has as a result of the allergy.

**Specialized Medical Equipment:** List any specialized medical equipment the child uses. Examples include, g-tube, oxygen, vent, AFO's, Pulse Ox, etc.

**Vision:** Inquire if the child has had a vision exam recently and indicate Yes or No with a check mark. If the parent or any FSP TEAM members have any other comments, record them in the other team member's comments section. If the child has not had a Vision Exam in the last year use the Curriculum Based Assessment to keep this section up to date.

**Hearing:** Inquire if the child has had a hearing exam recently and indicate Yes or No with a check mark. If the parent or any FSP TEAM members have any other comments record them in the other team members section. If the child has not had a Hearing Evaluation in the last year use the Curriculum Based Assessment to keep this section up to date.

**Nutrition:** Inquire if the parent has any concerns about their child's eating, general nutrition, or growth. Indicate their answer by checking either Yes or No. Check any of the following, if the parent, indicates a concern. If the Parent or any other FSP TEAM members has any other concerns or comments indicate this in the other comments section.

**Oral Health:** Inquire if the child has seen a dentist. If so, record the date and the name of the dentist seen. Inquire how long the child was on a bottle and pacifier. Ask the parent if the child has been on any Seizure medication or antibiotics for an extended period of time (3 months). If the parent has answer yes to any of the above ask them to describe. **If the child has been on the bottle/pacifier or as had to take seizure medications and antibiotic for extended periods of time it may be appropriate to discuss the child seeing a Pediatric Dentist.**

## **SECTION 5B: Health Care Providers**

Inquire if the child currently sees any medical specialists. List the name, specialty, address, and phone number.

## **Section 6A: Family's View of Child's Present Level of Function**

This family's view section must be completed prior to the FSP meeting and reviewed and expanded by the full FSP TEAM at the FSP meeting. The family should be assisted to complete this section in order to develop, in their own words, a statement of their child's skills in all development levels. Each section includes skills that the child may or may not currently display. These developmental milestones should prompt conversation between the family and EI. Check all the items that the child can do at this time and list any others in the other comments by parent section. In crafting the language for this



section, it is important to be positive, talking about the skills that the child has and how these are applied in daily living situations. Document any emerging skills and interests, skill quality and intent. Comments related to quality and intentions of movement are helpful once the basic skills are defined and discussed. Age equivalents, percent of delay, or standard deviations should not be included in this section of the FSP. The developmental domains are: cognition (thinking skills), language and communication, physical (fine and gross motor skills), adaptive skills such as eating, dressing and bathing, and social/emotional skills

### **Section 6B: Assessment of Child's Present Level of Function (Curriculum-Based Assessment Report)**

**Each child will receive a curriculum-based assessment across all domains of development prior to the Initial and each Annual FSP.**

**FSP Date:** Complete at the FSP Team Meeting.

**Child's Name:** Record child's first and last name on each page of Section 6B

**Date of CBA completion:** Record the date the CBA was completed.

**CBA Tool:** Indicate which CBA tool was utilized to assess the child's present level of function:

AEPS: Assessment, Evaluation, and Programming System

HELP: Hawaii Early Learning Profile

Carolina Curriculum

**CBA Provider:** Printed or typed name and agency of CBA provider

**Overall strengths, assessment strategies, and factors affecting the assessment process:** provide a brief narrative of the assessment situation, and participants. Include any unique strengths the child demonstrated in performing assessment items, strategies found to be successful with the child in conducting the CBA, and any factors that may have affected the child's performance during the assessment process.

### **CBA Results**

**All domains must be assessed and reported for development of the Initial and Annual FSP.**

For each domain of development, the following must be reported:

Skills the child currently demonstrates: (*AEPS: 2s, HELP: +s, Carolina Curriculum: +s*): List 3-5 CBA items representing the highest level of development across all appropriate strands within this domain

Skills newly learned or emerging: (*AEPS: 1s, HELP: +/-s, Carolina Curriculum +/-s*): List 3-5 CBA items representing newly learned skills that appear within 3 months on either side of current level of development, across all appropriate strands within this domain

Skills not yet learned: (*AEPS: 0s, HELP: -s Carolina Curriculum: -s*): List 3-5 CBA items representing skills/behaviors the child has not yet learned, within 3 months on either side of the current level of development, across all appropriate strands within this domain

**Percentage of Delay:** Record the percentage of delay as measured by the CBA for each domain of development

#### **Section 6C: Other Team Members' View of Child's Present Level of Function:**

Record discussion of the FSP Team about the CBA findings.

#### **Section 7: Summary of Family's Resources, Priorities, and Concerns to enhance the development of their child**

At the top of the page indicate whether or not the family gave their consent to participate in the family assessment. If the family does not consent to participate indicate that at the top of the page with an initial from the family and leave the remainder of the page blank.

#### **Section 8: Eligibility**

Check the appropriate eligibility category at the time the FSP is completed.

#### **Section 9: Other Services**

This section provides the opportunity for the FSP Team to review any other services identified as necessary to meet the child and family goals. Any service that a child is receiving must be documented in this section (i.e. MR/RD Waiver Services, Family Training, Housing, Food Stamps, Clothing, CLTC (PCA), etc...).

**Resources/Service:** Record the name of the service here (All MR/RD and HASCI Waiver services must be listed per Waiver Manual requirements).

**Provider:** Write in the name of the person or agency that will provide this service.

**Amount/Frequency/Intensity:** Include how often and how much of each service being provided.

## **Section 10: Child/Family Goals**

This section provides the format for defining individual Goals related to the child and family's needs. It includes the specific objectives and strategies for addressing and achieving the Goal. If the family completes the resources, priorities and concerns section of the FSP the FSP Team needs to consider this information when developing Goals.

The entire FSP Team participates in completing this step of the FSP process. All team members should come to the FSP meeting with an idea of the family's routines, concerns, and priorities so they are prepared to offer suggested strategies to the family. Unless the family wishes otherwise, the team should address each of the family's priorities and concerns with a Goal. The service providers should not create any Goals that are not directly related to a family priority or concern. Goals do not come from the evaluation and assessment process but from family priorities and concerns.

There will only be one Goal per page.

**Goal #:** Each Goal will be numbered consecutively.

**Date of Goal:** Record the date the Goal was developed.

**Target Date:** The date in which the FSP Team feels the Goal may be achieved. The Goal cannot exceed 365 days.

**Goal Statement: What skill, Behavior or Knowledge would we like to see accomplished?** The "we" in this statement refers to the family. Describe what the family wants the change to look like. The team may need to talk about the desired change so they can develop a statement that includes enough detail that the family and the FSP team will know when the Goal has been achieved. The Goal should directly relate to a family priority or concern.

**\*\*Example Goal Statement (child development):**

"Katie will step over the thresholds in her house without help or falling each time she tries so she can go from room to room safely."

**Other Example Goals statements:**

1. Katie will express feelings, needs and opinions with age appropriate behavior each time she interacts with adults and peers.
2. Katie will begin to develop the ability to focus and complete a variety of tasks, activities, projects, and experiences.

3. Katie will begin to develop the ability to recognize and solve problems through active exploration, including trial and error and interactions and discussions with peers and adults.
4. Katie will develop strength, dexterity and control needed to use tools and materials such as scissors, crayons, play dough, and manipulate other objects.
5. Katie will develop an awareness of her body, control and balance and walking, climbing, running, jumping, hopping, skipping, marching, galloping, riding a tricycle, and creative movement.
6. Katie will show creativity and imagination in using materials and in assuming different roles in pretend play situations.
7. Katie will develop hand-eye coordination in building with blocks, putting together puzzles, reproducing shapes and patterns, stringing beads, and using scissors.

How will we know when the Goal has been met and what difference or change will occur for the family once this Goal is achieved? The focus of this Goal statement is to clearly state how we will know the Goal has been attained and describe what difference or change for the family will occur once this Goal is achieved.

**Natural Supports:** Ideas and Strategies to achieve this Goal within the family's home and community routines and activities/child's everyday routines, activities, and places (Natural Supports): Strategies refer to the methods that the service providers and the family will use to address the identified child/family Goals. In the case of child development Goals, strategies include the ways service providers will support the caregivers' ability to use intervention strategies or maximize natural learning opportunities for their child. The person who will be implementing intervention should be obvious from reading the strategy, and unless determined inappropriate should include the caregiver(s) as the primary implementers. The team should brainstorm strategies to be considered for addressing the Goal within the child and family's daily routines and activities. Next, the team should choose strategies that will best address the Goal within the context of the family's life. Strategies should include the routine in which they will be implemented.

**\*\*Example Strategies (child development):**

PT will give strategies to Katie's mother and father. These include teaching Katie - how to anticipate that she is about to cross, to remember to slow down, and how to catch herself if she begins to fall. PT will give the parents ideas for practicing this skill on the playground, during their evening walks, and during shopping.

**Other Example Strategies:**

**Language/communication**

1. Look at the baby while talking to him/her

2. Make simple sounds with the baby ( A,O, U, I) and listen for those sounds from the baby. Imitate sounds the baby makes and wait for them to make them again.
3. Read simple colorful books with your infant/toddler, everyday. Talk about the pictures on the page. Point to and label items on each page.
4. Point to and name body parts in play. Ask the toddler, “Where is your nose, eye, etc...” Encourage him/her to touch his/her nose.
5. Ask the toddler to get a single item that may be in another part of the room.
6. Continue to label everything seen and done throughout the day. Listen to the words your toddler says and show pleasure and excitement at his/her attempts to speak. You use correct pronunciation but it is not necessary to correct your toddler pronunciation at this time.
7. Model two word phrases when the child is interested in an object, food. or toy. Such as, more milk, ball please, and thank you.
8. Expand the phrases the toddler uses i.e. “big ball” to “big red ball”, “mommy go” to ”mommy go to work”.

### **Motor Development:**

1. Place alert infant on mat or rug in a SAFE part of the room to allow him/her to move without getting hurt, providing “tummy time”.
2. Provide a variety of toys that the infant can reach for, look at, and bat at, such as an overheard “gym”.
3. Provide toys that infant can easily grasp for and place in mouth. Provide items that are easy to grasp and move from one hand to another, such as rings.
4. Put baby on hands and knees with a toy just out of reach for stimulus.
5. Provide pieces of appropriate sized finger foods such as fruit or cheerios to encourage three-finger pinch.
6. Provide puzzles and items to sort. Provide containers to encourage filling and dumping.
7. Provide sturdy furniture and/or open arms to encourage a toddler to move toward you or an object.
8. Provide toddlers with large crayons and blank paper sit with him/her and talk about what they are making.
9. Encourage toddler to climb into your lap while seated. Provide low safe furniture for toddler to climb onto.
10. Play musical games that involve jumping to rhythms. Sing songs that involve the child moving fingers with the rhythm of the song.
11. Provide child with safety scissors and paper to cut (with supervision).

12. Allow toddler time and opportunity to begin to remove clothing during daily routines.
13. Allow child time to dress without being rushed.

### **Social/Emotional**

1. Use words, facial expressions, and maintain eye contact with baby during everyday activities i.e. diaper change feeding, etc...
2. Recognize infant's signals and be responsive to them. Recognize infant's reactions and let them know that you are there for them.
3. Provide a flexible but predictable schedule, while keeping in mind that young infants have their own schedule in mind.
4. Include books, puppets, dramatic play, and role-play to allow him/her to express their feelings.
5. Provide opportunities for small group play to encourage friendships.
6. Promote cooperative play by modeling sharing and helping others in-group activities.

### **Cognitive:**

1. Provide baby with different objects to mouth, explore and track with his/her eyes including cloth and vinyl books, mobiles and rattles.
2. Provide a variety of items/toys that makes things happen when the baby uses them.
3. Provide pots and pans, plastic container and lids and measuring cups that nest, simple rings and plastic puzzles
4. Name objects in a storybook or photographs as toddler points to them.
5. Routinely offer familiar books, toys, songs and finger plays.
6. Encourage toddler to find matching items like shoes socks, cups and plates, hat and mittens.
7. Offer opportunities to role-play daily routines such as feeding, dressing, cooking, and using the telephone.
8. Provides blocks that vary in color and shape and encourage to sort by color and shape.
9. Encourage child to make predictions by asking "why" and "what if" questions.

**Adaptations and/or Modifications:** Indicate whether or not any adaptations and/or modifications will need to take place in order to support the attainment of this Goal.

**Services to Consider:** After Goals and strategies are determined, the FSP team can discuss who is most appropriate to support the family for each Goal. The FSP Team first reviews the family's current informal and formal supports and services and considers if any of these supports can address partially or wholly the Goals or if additional supports need to be identified. Effort should be made to eliminate duplication of services. Teams should determine a team configuration of the minimum number of people to address all Goals. Only those persons necessary to support a family-defined Goal, which has derived from a family-defined priority or concern, should be listed in this column. (e.g., Child has delays in communication and motor development. The family is not concerned about the child's communication development. Services to address the communication delay are not needed). List the members of the team that will work on that particular Goal (e.g., mother, father, physical therapist).

**Date Reviewed:** This section will allow for each Goal to be reviewed and document the review on the Goal Page. There are two reviews provided and as many pages can be added as needed.

Document the type of FSP review that is being held. And check the appropriate Goal Attainment Scale Score for each Goal. There is a comment section provided, if needed.

### **Section 11: Service Coordination Goals:**

This section provides the format for defining individual Goals related to the child and family's needs. It includes the current status, specific objectives and strategies for addressing and achieving the Goal. If the family completes the resources, priorities and concerns section of the FSP the FSP Team needs to consider this information when developing Goals.

**#:** Indicate the number of each service coordination goal,

**Family-Identified Need:** may be based on family's assessment of resources, priorities and concerns or as needs arise

**Actions Taken:** by family and service coordinator, may include providers of Other Services and involve teaming, advocacy, and linkages as appropriate.

**Date Initiated/Date Completed:** indicated the dates each service coordination goal was identified and addressed.

### **Section 12: FSP Team Signatures**

Meeting Notes are to be used to capture the general discussion of the FSP Team meeting process, and in particular to note needs identified by the family, CBA provider, and/or service providers.

**Type of FSP:** Check the appropriate box for the type of FSP that is taking place

**Parent Signature:** The parent will sign and date the plan. If the plan is not signed and dated, it is not complete.

All other members of the FSP Team that are present will sign, list their agency (if applicable), complete the method code of their attendance, and date it the date of the FSP meeting. If an FSP team member participated in a manner other than attending, the SC/FT will print in their name and fill in the appropriate code for method of attendance.

**Section 13: Medical/Therapy Updates:** This section is included in order to document medical/therapy updates throughout the year. Document the date as the date the information is being written on the FSP. The narrative of the report should include the date of the appointment and the name of the physician and/or therapist. Each entry should include initial and title. **Only medical information that would affect the child's development is needed on the FSP.**

**All updates must be mailed to the parent and other team members within 10 days of the meeting. The SC/FT will document this in the service notes.**